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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/565,834			ing Date 25/2006	To be Mailed
	Al	D – PART I)		SMALL ENTITY			OTHER THAN OR SMALL ENTITY					
	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		]	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A			N/A			N/A	
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *					x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	ts of pape 50 (\$125 ional 50 s	ication and drawings exceed 100 aper, the application size fee due 25 for small entity) for each 0 sheets or fraction thereof. See 1(a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										J		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		]	TOTAL	
APPLICATION AS AMENDED - PART II  OTHER THAI  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT												
AMENDMENT	11/13/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 6	Minus	<b></b> 20		= 0		X \$25 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 1	Minus	···3		= 0		X \$105 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus			=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x \$ =	
Ä.	Application Size Fee (37 CFR 1.16(s))									]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Pervolusy Paid For M THIS SPACE is less than 30, enter "20".  "If the "Highest Number Pervolusy Paid For M THIS SPACE is less than 3, enter "3".  Nicole Hensley  The "Highest Number Pervolusy Paid For M THIS SPACE is less than 3, enter "3".  Nicole Hensley												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS